

early enough before they give birth to that child who will have AIDS because the mom has AIDS, and if we can get medical treatment to the mother and get her the proper drugs, we can save that child. We can save that child at comparatively little economic cost. We should think of the savings not just in dollars and cents, but in lives saved.

I was pleased to have the opportunity in February to also meet with Dr. Paul Farmer, who is fighting AIDS in the rural and remote parts of Haiti. He runs an organization called "Partners in Health" and operates clinics in Cange. Dr. Farmer is making tremendous progress. Since 1999, his organization has tracked a population of 3,500 HIV/AIDS patients and has been able to treat more than 350 of them with antiretroviral drugs. Of those receiving drugs since 1999, zero percent—no one—has died. Yet, tragically, of those not receiving drug treatment, 35 percent, so far, have died.

Both Dr. Pape and Dr. Farmer have received grants from the Global AIDS Fund to supplement their efforts. And I point out that money is being put into proven organizations that can get the job done. This tells us we are willing to invest efforts that are working and making a difference and saving lives. While Dr. Farmer and Dr. Pape have empirically proven there is success in treatment in a Third World nation, and there is hope, we still must do more. We must act, and we must act now.

I am encouraged we have moved forward in terms of our AIDS spending level—a level that has gone up significantly over the last few years. I compliment my colleagues on the Appropriations Committee, and particularly Senator TED STEVENS for his efforts and dedication to increasing our funds to fight AIDS.

Earlier this year, Senator DURBIN and I were successful in amending the fiscal year 2003 omnibus appropriations bill to include an additional \$100 million to fight the global AIDS pandemic. That money will go a long way. If that money is used to implement a holistic approach to fighting AIDS, I believe we can make significant advances worldwide. That means focusing funds on education and prevention and treatment—treatment in terms of mother-to-child transmission, treatment of mothers who already have children, and treatment of all infected adults. This type of comprehensive approach can and will make a difference.

Let me turn my colleagues' attention to two other photographs from our recent trip to Guyana. You will see two men who are stricken with AIDS. They are patients of the only public hospital in that nation's capital of Georgetown. When you look at these pictures, you can see the anguish in these poor men's eyes. You can see their suffering and you can certainly see their heartbreak. This shows you the ward in this hospital in Georgetown. This poor gentleman has AIDS. Though the staggering and shocking statistics can be

at once overwhelming and seemingly unreal, when you hold babies dying from the disease, or when you see the real faces of these men, the people suffering, as in these photographs, it has to move you. It changes you. It certainly makes the statistics real.

Mr. President, in a guest column recently in the Washington Post, prominent AIDS activist Bono quoted something President Harry Truman once said. This is what Truman said:

I trust the people because when they know the facts, they do the right thing.

That certainly is the case, I believe, when it comes to the global AIDS problem. We have the opportunity to do the right thing. I believe we will do the right thing.

The House plans to take final action on its bill today, and I am encouraged by the continued good-faith efforts of my colleagues in the Senate. We are moving forward on a bipartisan basis. The majority leader, Dr. BILL FRIST, has been a real leader in this. My colleague, Senator LUGAR, on a bipartisan basis, is working with others and moving forward on this as well. I am encouraged that we will be able to get a bill put together.

Mr. President, every 50 seconds a child somewhere in the world dies of an AIDS-related illness, and another becomes infected with HIV. We have to do something to stop this. The United States has an obligation to lead this fight, and we are leading it and moving forward. I look forward to continuing to work with my colleagues as we move ahead. It is our duty, it is our moral obligation, and it is the right thing to do.

I yield the floor.

IMMIGRANT CHILDREN'S HEALTH IMPROVEMENT ACT

Mr. DASCHLE, Mr. President, I would like to bring a matter to the attention of my colleagues. This is a clear example of misplaced priorities in the President's budget.

Last January, a number of Senators wrote to the President requesting that he include a provision in his budget to allow states to provide Medicaid and SCHIP health care coverage for women and children who are legal immigrants.

Yesterday, Senator GRAHAM received a letter in response to that request. The letter makes a number of claims that are, at best, disingenuous.

Just to remind my colleagues of the history of this issue: the 1996 welfare law banned legal immigrants from receiving Federal benefits under a number of programs, including Medicaid, for 5 years. The argument was made that people shouldn't come to this country if they are going to be a public charge.

The reality is that many legal immigrants and their families, because of language barriers and other issues, agree to take some of the lowest paying jobs in this country. They don't come here to take welfare; they come

because they want to make better lives for themselves and for their children. Most of these jobs, as we well know, do not provide health insurance for citizen families or immigrant families.

Legal immigrants play an important role in our overall economy. They take low-paying jobs that businesses rely on. They pay taxes. Immigrant children are also required to register for the Selective Service when they turn 18. According to the American Immigrant Law Foundation, 60,000 legal immigrants are on active duty in the U.S. Armed Forces.

But now, as a result of this policy, when a woman becomes pregnant, or a child gets sick, they have no where to turn but to emergency care, which is the most expensive means of providing health care.

A number of States have realized that this is not an efficient or acceptable means of addressing the health care needs of these families. Some 20 States now provide health care services to legal immigrants using their own funds. The result of the 1996 policy has not been the one desired by the authors of the language. Instead, it has resulted in transferring the burden of caring for these people to States and hospitals. Unfortunately, the severe fiscal crisis is forcing some States to reexamine their coverage.

To respond to this situation, Senator GRAHAM introduced S. 845, the Immigrant Children's Health Improvement Act, or ICHIA. It would allow States to use Federal Medicaid and SCHIP funding to provide coverage for pregnant women and children who are legal immigrants. This proposal has strong bipartisan support, not only in the Senate but also in the House. In fact, last year, it was adopted on a bipartisan basis in the Finance Committee during debate on a bill to reauthorize welfare programs.

The administration's letter suggests that this proposal would somehow create a new burden on the States. In fact, the proposal gives States the option to provide this coverage, and allows them to use Federal resources to do so, thus giving them significant fiscal relief. No new burden would be imposed on the States. In addition, the National Governors Association and the National Conference of State Legislatures have made restoring these benefits a priority.

The long-term economic and health consequences of inadequate health care services for pregnant women and children is well-established. The administration's letter tries to minimize the importance of this issue for immigrants, by talking about other, less effective health care proposals, such as the Medicaid block grant, and by pointing out that the fetuses of immigrants are covered by SCHIP.

It is important to recognize, however, that more than 5 million children live in poor or "near-poor" non-citizen families. That is more than one-quarter of the total population of poor or

“near-poor” children. Almost half of all low-income immigrant children are uninsured—and they are more than twice as likely to be uninsured as low-income citizen children with native-born parents.

Most of these children will eventually become American citizens. By denying all but emergency health care, and especially by denying preventive care, we increase the risk that these children will suffer long-term health consequences—consequences that could reduce their ability to learn and develop and become productive, contributing citizens; consequences that increase the possibility these children will need more expensive health care later on.

The administration claims credit for providing coverage for fetuses, presumably because when these children are born they will be citizens. But it is worth noting that the Medicaid/SCHIP ban is having an impact on citizen children living in immigrant families. As many as 85 percent of immigrant families have at least one child who is a citizen. Although many of these children are eligible for Medicaid and SCHIP, receipt among eligible citizen children of non-citizen parents is significantly below that for other poor children. Parents may be confused about their children's eligibility, or concerned that somehow claiming these benefits will affect the status of other family members.

Finally, the letter suggests that, at a cost of \$2.24 billion over 10 years, providing this coverage is too expensive. It also reminds us that this issue must be considered in the context of competing priorities. That is precisely my point. Making sure that pregnant immigrant women, and their children, have access to health care, including preventive care, is an investment in the future workforce of this Nation. Denying them the care they need on an appropriate and timely basis could have dire consequences not only for these individuals, but for our businesses that will depend on a healthy population for their future workers.

I believe providing health care for all of our citizens, including pregnant women and children who are immigrants, is vital for our future economic strength. It should be a much higher priority than providing a \$1.2 trillion tax cut for the richest people in the country. It is the right thing to do.

LOCAL LAW ENFORCEMENT ACT OF 2001

Mr. SMITH. Mr. President, I rise today to speak about the need for hate crimes legislation. In the last Congress Senator KENNEDY and I introduced the Local Law Enforcement Act, a bill that would add new categories to current hate crimes law, sending a signal that violence of any kind is unacceptable in our society.

I would like to describe a terrible crime that occurred October 21, 2001, in

Anaheim, CA. A 27 year-old Indian physical therapist was mistaken for a Middle Easterner and assaulted while celebrating his birthday at a karaoke bar. The victim was leaving the bar at about 1 a.m. with a group of his friends and family when several men picked a fight with him. Witnesses heard at least two people yell racial slurs about “Middle Easterners.” The man suffered a shattered jaw and was released from the hospital 2 days later after undergoing surgery to have his mouth wired shut.

I believe that Government's first duty is to defend its citizens, to defend them against the harms that come out of hate. The Local Law Enforcement Enhancement Act is a symbol that can become substance. I believe that by passing this legislation and changing current law, we can change hearts and minds as well.

A RECKLESS GUN INDUSTRY

Mr. LEVIN. Mr. President, a recent report published by the Brady Campaign to Prevent Gun Violence cites numerous examples of reckless sales and distribution practices by gun manufacturers, distributors and dealers. The report, entitled “Smoking Guns: Exposing the Gun Industry's Complicity in the Illegal Gun Market,” reveals a disturbing pattern of negligence by some in the gun industry.

In one example, in 1996, according to the report, the owner and six employees of a California gun store were arrested for numerous Federal firearms offenses. The violations included selling illegally converted, fully automatic AK-47 assault rifles and having employees encourage customers to obtain false identification in order to skirt legal requirements for gun ownership. Even after the owner of the store was sent to prison, Heckler & Koch and other gun manufacturers, according to the report, continued to supply the store. In a letter explaining their ongoing business with the gun store, Heckler & Koch wrote that it “is not our intention to turn away business.”

More recently, the sniper shootings that paralyzed the Washington, DC, area last year were committed with a rifle traced to a gun store in Tacoma, WA. According to the report, the Bushmaster semi-automatic assault rifle possessed by the sniper suspects was only one of 238 guns missing from the store's inventory. Despite previous ATF audits which revealed dozens of missing weapons and evidence linking a Bushmaster rifle from the store to the sniper killings, according to the report, a Bushmaster executive announced that his company still considered the same store a “good customer” and would continue to sell to it.

These examples of gun industry negligence are by no means isolated. The Brady Campaign report contains numerous other examples of careless behavior on the part of gun manufacturers and dealers, many of which sur-

faced only after civil liability suits were filed. The Brady report reveals the disregard of some in the gun industry for even basic self-regulation. The Lawful Commerce in Arms Act that recently passed the House and that has been referred to the Senate Judiciary Committee would shield the gun industry from many legitimate civil lawsuits. Certainly, those in the industry who conduct their business negligently or recklessly should not be shielded from the civil consequences of their actions.

THE BROAD-BASED STOCK OPTION PLAN TRANSPARENCY ACT OF 2003

Mrs. BOXER. Mr. President, the Financial Accounting Standards Board, FASB, issued a tentative decision last week to mandate the expensing of stock options. As a result of this decision, the FASB will develop a mechanism for determining the cost of the options granted to employees and then force firms to deduct that cost from earnings in their financial statements.

If finalized and enforced, expensing rules would kill broad-based options programs available to rank-and-file workers and punish companies that treat employees as partners in innovation rather than just as simple factors of production. But worst of all, it would misrepresent a firm's earnings because experts have said again and again that stock options cannot be priced accurately in the short term.

The FASB received more than 250 comment letters during the period leading up to its current project on expensing stock options. Those letters presented a range of views on whether stock options constitute a cost that should be deducted from earnings. Many respected economists and accountants stated clearly that options should not be expensed. But expensing seems to be the only mechanism that the FASB is willing to consider for improving investor understanding of a firm's financial condition.

The experts I have worked with believe that better, more detailed disclosure of stock option programs is the best mechanism for informing investors on those programs. And I do not believe that the FASB has adequately considered greater disclosure as an alternative to expensing. Greater disclosure would provide investors with the information they need without discouraging the use of stock option programs at innovative firms. At the very least, greater disclosure should be tried and evaluated prior to imposing a new, disruptive expensing regime.

Stock option programs mean opportunity for workers across gender lines and wage scales in my state. In Silicon Valley, the median home price is \$530,000. I know of single women working in Silicon Valley who have only been able to own a home because of the stock options their companies offer them. For small businesses in my state, stock options permit cash-